

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22776

**FILED**  
**Jan 18, 2014**  
**Secretary of State**  
**CC1314036612**

**Entity Name:** KARDECIAN SPIRITIST FEDERATION OF FLORIDA INC.

**Current Principal Place of Business:**

965 SO. SHORE DR  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

965 SO. SHORE DR  
MIAMI BEACH, FL 33141 US

**FEI Number:** 65-0034375

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NETTO, MARCELO C  
965 SO. SHORE DR  
MIAMI BEACH, FL 33141 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P, PRESIDENT  
Name SIMOES, SUZANA  
Address 307 NE 99 ST  
City-State-Zip: MIAMI FL 33138

Title VP  
Name NETTO, MARCELO C  
Address 965 SO. SHORE DRIVE  
City-State-Zip: MIAMI BEACH FL 33141

Title S  
Name KRETCHETOFF, STELA V  
Address 4731 CHEVY PLACE  
City-State-Zip: ORLANDO FL 32811

Title T  
Name ALVES, ALEXANDRE R  
Address 680 BROOKSHIRE DR  
City-State-Zip: DAVENPORT FL 33837

Title VICE TREASURER  
Name BARRY, ANGELICA  
Address 240 WST END DRIVE  
APT 223  
City-State-Zip: PUNTA GORDA FL 33950

Title VICE SECRETARY  
Name RODRIGUEZ, MARGARITA  
Address 7710 SW 62 AVE  
City-State-Zip: MIAMI FL 33143

Title EVENTS DIRECTOR  
Name AYRES, TEREZA  
Address 1302 NE 191 ST  
APT 123  
City-State-Zip: NO. MIAMI BEACH FL 33179

Title COMMUNICATIONS DIRECTOR  
Name MELLADO, CLAUDIA G  
Address 1302 NE 191 ST  
123  
City-State-Zip: NO. MIAMI BEACH FL 33179

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARCELO NETTO

VP

01/18/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           AUDITOR DIRECTOR  
Name           GURGEL, FERNANDA  
Address        8304 PLANTATION LAKES CIRCLE  
City-State-Zip: SANFORD FL 32771